

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN 23 1941

ARKANSAS STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

4-2-5

3065-130

1. PLACE OF DEATH:

- (a) County Jarvis  
(b) Township Oliver  
(c) City or Town Ridgedale, Mo  
(d) Name of Hospital or Institution  
(If not in hospital or institution write street number or location)  
(e) Length of stay: In hospital or institution  
(Specify whether years, months or days)  
In this community life (Specify whether years, months or days) 20

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jarvis  
(c) City or town Ridgedale, Mo  
(If outside city or town limits, write Rural Number)  
(d) Street No. Rural  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3(a) FULL NAME

3(b) If veteran,

name war

3(c) Social Security

No.

4. Sex

5. Color or

race

6(a) Single, widowed, married,

divorced

6(b) Name of husband or wife

6(c) Age of husband or wife if alive

7. Birth date of deceased

(Month)

(Day)

(Year)

If less than one day

8. Age: 10 Years

1 Months

2 Days

hr.

min.

9. Birthplace

(City, town or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town or county)

(State or foreign country)

16(a) Informant's own signature

(b) P. O. address

17(a)

(Burial, cremation, or removal)

(b) Date thereof

(Month)

(Day)

(Year)

(c) Place: Burial or cremation

18(a) Signature of funeral director

(b) P. O. address

19(a)

(Date received local registrar)

(b)

(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month November day 21 year 1940  
21. I hereby certify that I attended the deceased from Nov 20, 1940  
to Nov 21, 1940; that I last saw him alive on  
Nov 20, 1940, and that death occurred on the  
date stated above at 5 a. M.

Immediate cause of death

Bronchial pneumonia

Date of Onset

11/18/40

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the

cause to which

death should

be charged

statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(g) Means of injury

23. Signature

Address

Date signed

M. D.

# ARKANSAS STANDARD CERTIFICATE OF DEATH

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8, and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

The trade, profession, or particular kind of work done.

10. Usual occupation.

11. Industry or business.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman*, and not a *clerk*.

**Statement of Cause of Death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## EXAMPLE I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of Onset

*1915*

*1921*

*July 5, 1927*

## EXAMPLE II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of Onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gall stones*

*May 1, 1923*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN